

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.E.	00000000	8-24-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	C.F.	10000000	9/16/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	1/4
Original	1/6/00
01	01/01
1	✓
2	—
3	—
4	—
5	—
6	—
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28	—
29	—
30	—
31	✓
32	✓
33	✓
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45	—
46	—
47	—
48	—
49	—
50	✓

Claim	Date
Final	1/4
Original	1/6/00
01	01/01
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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47	✓
48	✓
49	✓
50	✓

If more than 150 claims or 10 actions  
staple additional sheet here

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